

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

0817509

FILING DATE  
4-2-04

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
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23	/					
24	/					
25	/					
26						
27						
28	(1)					
29	(1)					
30	(1)					
31	(1)					
32	/					
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	27					
TOTAL CLAIMS	30					

TOTAL IND.  
TOTAL DEP.  
TOTAL CLAIMS

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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